

<i>SERFF Tracking Number:</i>	<i>SYMX-G126986051</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Symetra Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>47702</i>
<i>Company Tracking Number:</i>	<i>AR002611000003</i>		
<i>TOI:</i>	<i>A07I Individual Annuities - Special</i>	<i>Sub-TOI:</i>	<i>A07I.001 Equity Indexed</i>
<i>Product Name:</i>	<i>RSA-0025 11/10 - Fixed Indexed Annuity Application</i>		
<i>Project Name/Number:</i>	<i>RS- Retirement Services/AR002611000003</i>		

Filing at a Glance

Company: Symetra Life Insurance Company

Product Name: RSA-0025 11/10 - Fixed Indexed Annuity Application

TOI: A07I Individual Annuities - Special

Sub-TOI: A07I.001 Equity Indexed

Filing Type: Form

SERFF Tr Num: SYMX-G126986051

SERFF Status: Closed-Approved-Closed

Co Tr Num: AR002611000003

Author: Symetra Life

Date Submitted: 01/13/2011

State: Arkansas

State Tr Num: 47702

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 01/19/2011

Disposition Status: Approved-Closed

Implementation Date:

Implementation Date Requested: 01/13/2011

State Filing Description:

General Information

Project Name: RS- Retirement Services

Project Number: AR002611000003

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Filing Status Changed: 01/19/2011

State Status Changed: 01/19/2011

Created By: Symetra Life

Corresponding Filing Tracking Number:

Filing Description:

Symetra Life Insurance Company

NAIC# 1129-68608

FEIN# 91-0742147

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type:

Overall Rate Impact:

Deemer Date:

Submitted By: Symetra Life

RSA-0025 11/10 - Application with MVA

ICC10_RA5 - Application without MVA

On behalf of Symetra Life Insurance Company, please find enclosed for your review and approval the above referenced form numbers. This is a new filing and the referenced forms replace no other forms currently in use by Symetra. These

SERFF Tracking Number: SYMX-G126986051 State: Arkansas
Filing Company: Symetra Life Insurance Company State Tracking Number: 47702
Company Tracking Number: AR002611000003
TOI: A071 Individual Annuities - Special Sub-TOI: A071.001 Equity Indexed
Product Name: RSA-0025 11/10 - Fixed Indexed Annuity Application
Project Name/Number: RS- Retirement Services/AR002611000003

forms do not deviate from company or industry standards. Symetra will begin use of these forms upon approval by your state.

The Flesch Score for RSA-0025 11/10 and ICC10_RA5 is 53.1.

The RSA-0025 11/10 Application will be used with the RSC-0341 11/10 Contract approved by your department on 12/9/2010 and Application ICC10_RA5 will be used with the RSC-0342 11/10 Contract approved by your department on 12/9/2010.

For these electronic application forms, ICC10_RA5 and RSA 0025 11/10, all of the information needed to complete the application will be entered into the computer by the agent with the client present. Once all the questions on all the screens have been answered, then the application will auto-populate with the answers, and will be printed out for the client to review and sign. Since the application is printed out and signed, there is no electronic signature process. Our current process regarding replacements will not change. All replacement business requires original transfer paperwork to be submitted which would include the required state replacement form and a transfer form, both of which would have the client's wet signature on the forms.

The forms are submitted in final print and subject to only minor modification in paper size, stock, ink, border, Company logo and adaptation to electronic media or computer printing. At some point in the future, our Company may decide to change the print system that currently generates the above referenced contract, data page and related contract forms. In this event, it is our understanding that certain print functions pertaining to a new policy print system may slightly alter the appearance and pagination but not the text of the forms.

This product will be sold through agents and banks that are licensed and appointed by Symetra Life Insurance Company.

If you have any questions or comments, please call me at (800) 796-3872 ext. 68047 or email at kristen.kennedy@symetra.com.

Sincerely,

Kristen Kennedy
Insurance Compliance Unit
(425) 256-8047
Symetra Life Insurance Company

Company and Contact

SERFF Tracking Number: SYMX-G126986051 State: Arkansas
 Filing Company: Symetra Life Insurance Company State Tracking Number: 47702
 Company Tracking Number: AR002611000003
 TOI: A071 Individual Annuities - Special Sub-TOI: A071.001 Equity Indexed
 Product Name: RSA-0025 11/10 - Fixed Indexed Annuity Application
 Project Name/Number: RS- Retirement Services/AR002611000003

Filing Contact Information

Kristen Kennedy, Insurance Compliance Kristen.Kennedy@Symetra.com
 Analyst II
 P.O. Box 34690 425-256-8000 [Phone] 68047 [Ext]
 Seattle, WA 98124-1690 425-256-5466 [FAX]

Filing Company Information

Symetra Life Insurance Company CoCode: 68608 State of Domicile: Washington
 P.O. Box 34690 Group Code: 1129 Company Type:
 Seattle, WA 98124-1690 Group Name: State ID Number: 667
 (425) 256-8000 ext. [Phone] FEIN Number: 91-0742147

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? No
 Fee Explanation: \$50.00 x 2 applications = \$100.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Symetra Life Insurance Company	\$100.00	01/13/2011	43764733

<i>SERFF Tracking Number:</i>	<i>SYMX-G126986051</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Symetra Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>47702</i>
<i>Company Tracking Number:</i>	<i>AR002611000003</i>		
<i>TOI:</i>	<i>A071 Individual Annuities - Special</i>	<i>Sub-TOI:</i>	<i>A071.001 Equity Indexed</i>
<i>Product Name:</i>	<i>RSA-0025 11/10 - Fixed Indexed Annuity Application</i>		
<i>Project Name/Number:</i>	<i>RS- Retirement Services/AR002611000003</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	01/19/2011	01/19/2011

<i>SERFF Tracking Number:</i>	<i>SYMX-G126986051</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Symetra Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>47702</i>
<i>Company Tracking Number:</i>	<i>AR002611000003</i>		
<i>TOI:</i>	<i>A071 Individual Annuities - Special</i>	<i>Sub-TOI:</i>	<i>A071.001 Equity Indexed</i>
<i>Product Name:</i>	<i>RSA-0025 11/10 - Fixed Indexed Annuity Application</i>		
<i>Project Name/Number:</i>	<i>RS- Retirement Services/AR002611000003</i>		

Disposition

Disposition Date: 01/19/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>SYMX-G126986051</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Symetra Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>47702</i>
<i>Company Tracking Number:</i>	<i>AR002611000003</i>		
<i>TOI:</i>	<i>A071 Individual Annuities - Special</i>	<i>Sub-TOI:</i>	<i>A071.001 Equity Indexed</i>
<i>Product Name:</i>	<i>RSA-0025 11/10 - Fixed Indexed Annuity Application</i>		
<i>Project Name/Number:</i>	<i>RS- Retirement Services/AR002611000003</i>		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	RSA-0025 11/10 Statement of Variability		Yes
Supporting Document	ICC10_RA5 Statement of Variability		Yes
Form	Application with MVA		Yes
Form	Application without MVA		Yes

SERFF Tracking Number: SYMX-G126986051 State: Arkansas

Filing Company: Symetra Life Insurance Company State Tracking Number: 47702

Company Tracking Number: AR002611000003

TOI: A071 Individual Annuities - Special Sub-TOI: A071.001 Equity Indexed

Product Name: RSA-0025 11/10 - Fixed Indexed Annuity Application

Project Name/Number: RS- Retirement Services/AR002611000003

Form Schedule

Lead Form Number: RSA-0025 11/10

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	RSA-0025 11/10	Application/ Enrollment Form	Application with MVA Initial		53.100	RSA-0025_1110_MVA_Annuity Net_Application_20110112.PDF
	ICC10_RA 5	Application/ Enrollment Form	Application without MVA Initial		53.100	ICC10_RA5_No_MVA_Annuity_Net_Application_20110112.PDF

Cover Sheet Approval Form

SYMETRA[®]
FINANCIAL

OK as is (there are **NO** additional edits needed)

Check **OK as is** when the job is final and has been reviewed by all necessary parties.
Piece will then be finalized by Design and final PDF placed in the SharePoint eLibrary and Viewstar.

Provide additional proof

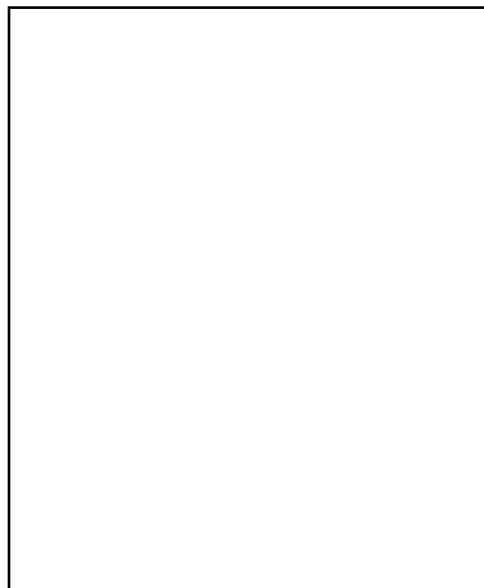
Check **Provide Additional proof** when another proof is needed and the job is not final.

► **PLEASE SIGN BELOW**

Signature: _____

(Initials OK)

Notes



INDIVIDUAL SINGLE PREMIUM FIXED INDEXED DEFERRED ANNUITY WITH MARKET VALUE ADJUSTMENT FEATURE APPLICATION

Product: _____

[Surrender Charge Period ☐ 5-Year ☐ 7-Year]

Plan Type

Owner

Name (first, middle initial, last)					SSN
Address (number and street, city, state, zip)					Phone No. (include area code)
Date of Birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Citizenship	Marital Status	Email	

Joint Owner

Name (first, middle initial, last)			Relation to Owner		SSN
Address (number and street, city, state, zip)					Phone No. (include area code)
Date of Birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Citizenship	Marital Status	Email	

Annuitant

Name (first, middle initial, last)			Relation to Owner		SSN
Address (number and street, city, state, zip)					Phone No. (include area code)
Date of Birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Citizenship	Marital Status	Email	

Joint Annuitant

Name (first, middle initial, last)			Relation to Owner		SSN
Address (number and street, city, state, zip)					Phone No. (include area code)
Date of Birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Citizenship	Marital Status	Email	

Interest Crediting Method Options

Allocate amounts to the following options in whole percentages only. Total allocation must equal 100%. The minimum allocation to any Interest Crediting Method Option is [\$2,000]. Your initial funds will be automatically transferred to the Indexed Account or Fixed Account, according to the selections made below, on the first available Allocation Date after the Contract date.

Indexed Account options:

[S&P 500[®] Point-to-Point _____ %]
[S&P 500[®] Monthly Average _____ %]
[S&P GSCI[®] Point-to-Point _____ %]
[S&P GSCI[®] Monthly Average _____ %]

Fixed Account option:

Fixed Account _____ %

FOR INTERNAL USE ONLY

Order Number: _____ Submitted: _____ Brokerage Account: _____

Account Designation: _____ Owner Type: _____ IRS Plan Type: _____

Beneficiary(ies)	Name (first, middle initial, last)	SSN	Relationship to Owner	Percentage(%)
Primary				
Primary				
Primary				
Primary				
Primary				
Primary				
Primary				
Primary				
Primary				
Primary				
Contingent				
Contingent				
Contingent				
Contingent				
Contingent				
Contingent				
Contingent				
Contingent				
Contingent				
Contingent				
Contingent				
Contingent				

Payments☐ *More than 3
payments*

Money Source	Amount \$	Tax Year
Payment Method		
Money Source	Amount \$	Tax Year
Payment Method		
Money Source	Amount \$	Tax Year
Payment Method		

Roth IRA first tax year contribution made: Year _____

**Agent/
Representative**☐ *More than 4
agents*

Firm Name			
Agent Printed Name	State License No.	Split %	Agency No.

**Owner's
Statement
and
Signatures**

Do you have any existing life insurance policies or annuity contracts with this or any other company?

☐ Yes (complete any state specific replacement forms, if required) ☐ No

Will this contract replace any existing life insurance policies or annuity contracts with this or any other company?

☐ Yes (complete the following and submit state specific replacement forms, if required) ☐ No

Company Name	Contract No.
Company Name	Contract No.

Under penalties of perjury, I certify that the Social Security or Tax ID number listed on this application is correct. I declare that the statements and answers on this application are full, complete and true to the best of my knowledge and belief and shall form a part of the annuity contract issued hereon. I understand that I am purchasing an annuity contract. I believe that this contract is consistent with my financial needs and that the replacement information is correct.

I understand this annuity is not federally insured. On behalf of myself and any person who may claim any interest under this policy, I have read and understand the important disclosures located on this application.

I understand that withdrawals from an Indexed Account on a non-Indexing date will not receive indexed interest.

I UNDERSTAND THAT I AM PURCHASING A FIXED INDEXED ANNUITY CONTRACT AND THAT WHILE THE VALUE OF THE CONTRACT MAY BE AFFECTED BY AN EXTERNAL INDEX, THE CONTRACT DOES NOT DIRECTLY PARTICIPATE IN ANY STOCK, EQUITY OR COMMODITY INVESTMENTS.

Amounts payable under the contract are subject to a market value adjustment prior to the date specified in the contract.

I understand that any values shown, other than guaranteed minimum values, are not guarantees, promises or warranties.

Owner's Signature	Joint Owner's Signature (if applicable)
Signed at (city, state)	Date

**Agency
Statement**

Deliver contract
to:

- ☐ Agent
☐ Owner

To the best of my knowledge does the owner have any existing life insurance policies or annuity contracts?

☐ Yes (complete any state specific replacement forms, if required) ☐ No

Do you have any reason to believe the annuity applied for will replace or change any existing life insurance policies or annuity contracts?

☐ Yes (complete any state specific replacement forms, if required) ☐ No

Did the agent/registered representative present and leave the applicant insurer-approved sales material?

☐ Yes ☐ No

I have reviewed the applicant's financial status and objective and find this coverage is appropriate for his/her needs.

I certify that I have truly and accurately recorded on the application the information provided by the applicant.

Licensed Primary Agent's Signature

Agency Name and Phone Number

State License Number

Agent Number

Signed (county)

(state)

Date

**Fraud
Warning**

For Residents of Other States not listed below: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

AR, LA, RI, WV: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

DC: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

FL: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

KY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

ME: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

MD: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NM: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

OH: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OK: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

TN, VA, WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

INDIVIDUAL SINGLE PREMIUM FIXED INDEXED DEFERRED ANNUITY APPLICATION

Product _____

[Surrender Charge Period ☐ 5-Year ☐ 7-Year]

[**RESPONSE REQUIRED:** Guaranteed Return of Purchase Payment ☐ Yes ☐ No]

Plan Type

Owner	Name (first, middle initial, last)				SSN	
	Address (number and street, city, state, zip)				Phone No. (include area code)	
	Date of Birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Citizenship	Marital Status	Email	
Joint Owner	Name (first, middle initial, last)			Relation to Owner		SSN
	Address (number and street, city, state, zip)			Phone No. (include area code)		
	Date of Birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Citizenship	Marital Status	Email	
Annuitant	Name (first, middle initial, last)			Relation to Owner		SSN
	Address (number and street, city, state, zip)			Phone No. (include area code)		
	Date of Birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Citizenship	Marital Status	Email	
Joint Annuitant	Name (first, middle initial, last)			Relation to Owner		SSN
	Address (number and street, city, state, zip)			Phone No. (include area code)		
	Date of Birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Citizenship	Marital Status	Email	

Interest Crediting Method Options

Allocate amounts to the following options in whole percentages only. Total allocation must equal 100%. The minimum allocation to any Interest Crediting Method Option is [\$2,000]. Your initial funds will be automatically transferred to the Indexed Account or Fixed Account, according to the selections made below, on the first available Allocation Date after the Contract Date.

Indexed Account options:

[S&P 500[®] Point-to-Point _____ %]

[S&P 500[®] Monthly Average _____ %]

[S&P GSCI[®] Point-to-Point _____ %]

[S&P GSCI[®] Monthly Average _____ %]

Fixed Account option:

Fixed Account _____ %

FOR INTERNAL USE ONLY

Order Number _____ Submitted _____ Brokerage Account _____

Account Designation _____ Owner Type _____

Beneficiary(ies)	Name (first, middle initial, last)	SSN	Relationship to Owner	Percentage(%)
Primary				
Primary				
Primary				
Primary				
Primary				
Primary				
Primary				
Primary				
Primary				
Primary				
Contingent				
Contingent				
Contingent				
Contingent				
Contingent				
Contingent				
Contingent				
Contingent				
Contingent				
Contingent				
Contingent				
Contingent				

Payments☐ *More than 3
payments*

Money Source	Purchase Payment \$	Tax Year
Payment Method		
Money Source	Purchase Payment \$	Tax Year
Payment Method		
Money Source	Purchase Payment \$	Tax Year
Payment Method		

Roth IRA first tax year contribution made: Year _____

**Agent/
Representative**☐ *More than 4
agents*

Firm Name			
Agent Printed Name	State License No.	Split %	Agency No.

**Owner's
Statement
and
Signatures**

Do you have any existing life insurance policies or annuity contracts with this or any other company?

☐ Yes (complete any state specific replacement forms, if required) ☐ No

Will this contract replace any existing life insurance policies or annuity contracts with this or any other company?

☐ Yes (complete the following and submit state specific replacement forms, if required) ☐ No

Company Name	Contract No.
Company Name	Contract No.

Under penalties of perjury, I certify that the Social Security or Tax ID number listed on this application is correct. I declare that the statements and answers on this application are full, complete and true to the best of my knowledge and belief and shall form a part of the annuity contract issued hereon. I understand that I am purchasing an annuity contract. I believe that this contract is consistent with my financial needs and that the replacement information is correct.

I understand this annuity is not federally insured. On behalf of myself and any person who may claim any interest under this policy, I have read and understand the important disclosures located on this application.

I understand that withdrawals from an Indexed Account on a non-Indexing date will not receive indexed interest.

I UNDERSTAND THAT I AM PURCHASING A FIXED INDEXED ANNUITY CONTRACT AND THAT WHILE THE VALUE OF THE CONTRACT MAY BE AFFECTED BY AN EXTERNAL INDEX, THE CONTRACT DOES NOT DIRECTLY PARTICIPATE IN ANY STOCK, EQUITY OR COMMODITY INVESTMENTS.

I understand that any values shown, other than guaranteed minimum values, are not guarantees, promises or warranties.

Owner's Signature	Joint Owner's Signature (if applicable)
Signed at (city, state)	Date

**Agency
Statement**

*Deliver contract
to:*

- ☐ Agent
☐ Owner

To the best of my knowledge does the owner have any existing life insurance policies or annuity contracts?

☐ Yes (complete any state specific replacement forms, if required) ☐ No

Do you have any reason to believe the annuity applied for will replace or change any existing life insurance policies or annuity contracts?

☐ Yes (complete any state specific replacement forms, if required) ☐ No

Did the agent/registered representative present and leave the applicant insurer-approved sales material?

☐ Yes ☐ No

I have reviewed the applicant's financial status and objective and find this coverage is appropriate for his/her needs.

I certify that I have truly and accurately recorded on the application the information provided by the applicant.

Licensed Primary Agent's Signature	Agency Name and Phone Number
State License Number	Agent Number
Signed (county)	(state) Date

**Fraud
Warning**

For Residents of Other States not listed below: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

District of Columbia: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

SERFF Tracking Number:	SYMX-G126986051	State:	Arkansas
Filing Company:	Symetra Life Insurance Company	State Tracking Number:	47702
Company Tracking Number:	AR002611000003		
TOI:	A071 Individual Annuities - Special	Sub-TOI:	A071.001 Equity Indexed
Product Name:	RSA-0025 11/10 - Fixed Indexed Annuity Application		
Project Name/Number:	RS- Retirement Services/AR002611000003		

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: AR - READABILITY CERTIFICATION.PDF		
Satisfied - Item: Application Comments: See Forms Tab for Applications.		
Satisfied - Item: RSA-0025 11/10 Statement of Variability Comments: Attachment: RSA-0025_1110_SOV_1110_20110113.PDF		
Satisfied - Item: ICC10_RA5 Statement of Variability Comments: Attachment: ICC10_RA5_SOV_1110_20110113.PDF		

STATE OF ARKANSAS
READABILITY CERTIFICATION

COMPANY NAME: Symetra Life Insurance Company

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form Number	Score
RSA-0025 11/10	53.1
ICC10_RA5	53.1

Signed: 

Name: Michael F. Murphy

Title: Assistant Vice President

Date: 1/13/2011

**STATEMENT OF VARIABILITY FOR SINGLE PREMIUM FIXED INDEXED ANNUITY
CONTRACT WITH A MARKET VALUE ADJUSTMENT FEATURE FORM RSA-0025 11/10**

The following items are being filed in brackets:

Application Variables	Explanation
Company Address, Mailing Address and Telephone Number	In the future, our Company Address, Mailing Address and telephone phone number may change.
Product Name	The product name is currently pending final decision.
[RESPONSE REQUIRED Guaranteed Return of Purchase Payment Yes, No]	This is appropriate to bracket as this option may not be available in the future.
Surrender Charge Period	4-7 years. We may choose to add or remove Surrender Charge Periods that are available for newly issued contracts based on factors such as current interest rates and the competitive environment.
Plan Type	To facilitate changes to the plan types made available by Symetra Life in accordance with applicable laws for tax qualified plans. The plan type will vary depending on the marketing segment in which the contract is issued. All plan type options currently available are: Non-Qualified, Traditional IRA, ROTH IRA, and SEP IRA
Minimum Purchase Payment	\$10,000 to \$250,000. Initially, the minimum single Purchase Payment Symetra intends to accept is \$10,000.
Interest Crediting Method Options	We may choose to add or remove Index or Crediting Method options based on factors such as the current interest rates, market volatility, and the competitive environment, subject to IIPRC approval.
Interest Crediting Method Options – Minimum Allocation	\$2,000 to \$5,000.

**STATEMENT OF VARIABILITY FOR SINGLE PREMIUM FIXED INDEXED ANNUITY
CONTRACT FORM ICC10_RA5**

The following items are being filed in brackets:

Application Variables	Explanation
Company Address, Mailing Address and Telephone Number	In the future, our Company Address, Mailing Address and telephone phone number may change.
Product Name	The product name is currently pending final decision.
Surrender Charge Period	4-10 years. We may choose to add or remove Surrender Charge Periods that are available for newly issued contracts based on factors such as current interest rates and the competitive environment.
[RESPONSE REQUIRED Guaranteed Return of Purchase Payment Yes, No]	This is appropriate to bracket as this option may not be available in the future.
Plan Type	To facilitate changes to the plan types made available by Symetra Life in accordance with applicable laws for tax qualified plans. The plan type will vary depending on the marketing segment in which the contract is issued. All plan type options currently available are: Non-Qualified, Traditional IRA, ROTH IRA, and SEP IRA
Minimum Purchase Payment	\$10,000 to \$250,000. Initially, the minimum single Purchase Payment Symetra intends to accept is \$10,000.
Interest Crediting Method Options	We may choose to add or remove Index or Crediting Method options based on factors such as the current interest rates, market volatility, and the competitive environment, subject to IIPRC approval.
Interest Crediting Method Options – Minimum Allocation	\$2,000 to \$5,000.